



# STATE TREASURER'S OPPORTUNITY ILLINOIS: BANKING DEVELOPMENT LOAN PROGRAM APPLICATION

## APPLICATION TO PARTICIPATE IN THE TREASURER'S OPPORTUNITY ILLINOIS: BANKING DEVELOPMENT LOAN PROGRAM

This form is to be completed by a representative of the financial institution seeking a linked deposit for a project that is eligible for support under the Treasurer's Opportunity Illinois: Banking Development Loan Program sponsored by the Office of the Illinois State Treasurer Alexi Giannoulis. The information on this form will allow the Treasurer's Office to determine eligibility for participation in the program.

Please check each box that applies (please see program guidelines for more details):

Type of Banking Development Project		
<input type="checkbox"/>	Distressed/ Underserved	or <input type="checkbox"/> Revitalize/Stabilize

PLEASE TYPE ALL REQUESTED INFORMATION

### Section 1

#### APPLICANT/FINANCIAL INSTITUTION INFORMATION

1.1 Briefly describe the use of the deposit:

---

---

---

---

1.2 Applicant Information:

InstitutionName: \_\_\_\_\_  
ContactPerson: \_\_\_\_\_  
Address: \_\_\_\_\_  
City,State,Zip: \_\_\_\_\_  
PhoneNumber: \_\_\_\_\_ FaxNumber: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

### Section 2

#### PROJECT/LOAN INFORMATION

*Please type the following information on separate sheets, as needed, in the following format. Use the section numbers provided.*

2.1 Project Information:

- 2.1.1 Please provide a statement by an authorized officer of the financial institution as evidence of the intent to establish a branch or expand services in a particular geographic area.
- 2.1.2 Provide location(s) of the project:  
Street address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_
- 2.1.3 Please provide a geographic description of the surrounding area.
- 2.1.4 Please provide the nature of the community to be served including, but not limited to, the demographic and economic characteristics of the area and the need for a financial institution in the area.
- 2.1.5 Please identify one or more of the criteria listed on the attached Banking Development Guidelines. Please provide the proper supporting documentation.
- 2.1.6 Please provide the rationale for your participation in the Banking Development Program.
- 2.1.7 Please provide a list of financial institutions in the immediate area of the project location.
- 2.1.8 If your financial institution plans to expand its services in a community where there is an existing facility, please provide an explanation of what benefits will be added to the community.
- 2.1.9 Please provide a description of the fee structure for all banking services, specifically detailing the concessions in fees that will help consumers in the banking development area. Examples may include special senior accounts, free checking, lower fees, etc.
- 2.1.10 Please provide the total number of full-time and part-time jobs that will be created as a result of the project and the combined salaries/wages of all jobs created:

Total number of full-time jobs: \_\_\_\_\_  
 Total number of part-time jobs: \_\_\_\_\_  
 Total number of all jobs created (add the number of full-time and part-time): \_\_\_\_\_  
 Total salaries/wages for jobs created: \_\_\_\_\_

2.1.11 Please attach a detailed list of each of the jobs listed above including: title of the position, full-time or part-time (also stating whether the positions are permanent or temporary), salary/wage and starting date.

2.1.12 Financial Institution must provide a brief explanation why other loan financing (e.g., Federal Reserve financing) is not adequate and why the Treasurer's linked deposit is the necessary incentive for the project to be implemented.

## 2.2 Financial Information:

Length of loan: (2 year maximum initial deposit period with a possible 3 year renewal)

Amount of deposit requested: \$ \_\_\_\_\_

Additional funding sources and amounts: List if applicable (i.e. grants, loans, etc.)

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total cost of project: (Including this deposit request and additional funding sources) \$ \_\_\_\_\_

## 2.3 Funding Information:

2.3.1 Property Acquisition: (Attach a fully executed sales contract) \$ \_\_\_\_\_

2.3.2 Construction: (Attach contractor's cost estimates) \$ \_\_\_\_\_

2.3.3 Equipment/Machinery: (Attach price quotes from vendor(s)) \$ \_\_\_\_\_

2.3.4 Financing/Programs/Services provided to the community \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

## Section 3

### CERTIFICATIONS & ACKNOWLEDGEMENTS

By signing below the applicant agrees and certifies as follows:

- During the term of the deposit through the Banking Development Program, the financial institution shall maintain a CRA rating of satisfactory or better.
- The State Treasurer's Office may withdraw the deposit if the financial institution fails to satisfy all of the requirements of the Opportunity Illinois: Banking Development Loan Program.
- The applicant understands that all information and documentation regarding the State Treasurer's Opportunity Illinois: Banking Development Loan Program is public information. The State Treasurer's Office may release any information provided to it by the applicant and may also release any information regarding the approval or rejection of the application.
- The applicant understands that the State Treasurer's Office may reject any application for any reason at its sole discretion.
- The applicant will allow signage - provided by the Treasurer's Office - to be displayed at the project site listing contact information regarding this program.
- Borrower acknowledges that the Treasurer's Office may perform site visits at the project location for compliance purposes. Borrower also agrees to cooperate with the Treasurer's Office in carrying out the site visit.
- I certify, to the best of my knowledge, that the foregoing statements and the information I have provided are true and complete. I shall promptly notify the Illinois State Treasurer's Office of any changes in the information provided. I understand that a false or incomplete statement may result in the Treasurer's Office withdrawing the deposit and the financial institution accelerating the repayment of the loan without penalty and both entities seeking any other available relief. I also understand that an individual who provides a false statement may be subject to criminal prosecution under the Illinois Criminal Code (720 ILCS 5 et seq.).

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed application and written Project/Loan Information (from Section 2) to:

Alexi Giannoulas  
 Illinois State Treasurer  
 Opportunity Illinois: Banking Development Loan Program  
 100 West Randolph Street, Suite 15-600  
 Chicago, Illinois 60601  
 Phone: (312) 814-1244  
 Fax: (312) 814-3716

[www.treasurer.il.gov](http://www.treasurer.il.gov)